

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

| | |
|--------------|-------------|
| SERIAL NO | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
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| 27 | | | | | | |
| 28 | 1 | | | | | |
| 29 | | | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
| 32 | | 1 | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | 1 | | | | |
| 40 | 1 | 1 | | | | |
| 41 | 1 | 1 | | | | |
| 42 | 1 | 1 | | | | |
| 43 | 1 | 1 | | | | |
| 44 | 1 | 1 | | | | |
| 45 | 1 | 1 | | | | |
| 46 | 1 | 1 | | | | |
| 47 | 1 | 1 | | | | |
| 48 | 1 | 1 | | | | |
| 49 | 1 | 1 | | | | |
| 50 | 1 | 1 | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51 | 1 | | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | 1 | | | | | |
| 55 | 1 | | | | | |
| 56 | 1 | | | | | |
| 57 | 1 | | | | | |
| 58 | 1 | | | | | |
| 59 | 1 | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 5 | | | | | |
| TOTAL CLAIMS | 42 | | | | | |